

State of Maine
Office of the Attorney General
Public Protection Division
Consumer Information & Mediation Service
6 State House Station
Augusta, ME 04333-0006

G. STEVEN ROWE
Attorney General

Office Use Only

MOTOR VEHICLE COMPLAINT FORM

Date sent	Initials	Intake	Data on file	Complaint #	Mediator
	Em	Ph L Wi	Yes No		

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type.**

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Fax: _____

Email: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: Work _____ Home _____

Fax: _____

Email: _____

Name of Manufacturer: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Fax: _____

Email: _____

My complaint involves:

New vehicle: _____	Make: _____
Used vehicle: _____	Model: _____
Leased vehicle: _____	Year: _____
Rental vehicle: _____	Vin: _____
Repairs: _____	Mileage at purchase: _____
Other: _____	Current mileage: _____

Date of Transaction: _____ Price: _____ Name of Person you dealt with: _____

Was the service or product advertised? Yes ___ No ___ If yes, was the advertisement accurate? Yes ___ No ___

Did you sign a contract? Yes ___ No ___

Did you receive a warranty? Yes ___ No ___

Did you buy an extended warranty or service contract? Yes ___ No ___

Did you pay a document fee? Yes ___ No ___ Was the amount posted on the vehicle? Yes ___ No ___ Amount posted was \$ _____

USED VEHICLE:

Did the dealer display the following stickers on the car?

Valid Inspection Sticker: Yes ___ No ___

If yes, give expiration date: _____

Unsafe Motor Vehicle Sticker: Yes ___ No ___

Used Vehicle Buyer's Guide: Yes ___ No ___

Did you receive a copy of the Used Vehicle Buyer's Guide? Yes ___ No ___

Did the Buyer's Guide accurately describe all serious damage or repairs? Yes ___ No ___

Could the vehicle pass the state inspection when it was sold to you? Yes ___ No ___

REPAIR OF VEHICLE:

Date(s) of repair: _____ Number of days in the garage for repair: _____

Number of times repaired for the same problem _____

Did you receive a written estimate? _____. Did you leave a written limit for the cost of the repair? _____

Dollar amount of estimate: _____ Final repair cost: _____

PLEASE COMPLETE THE OTHER SIDE

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Yes _____ No _____

Yes No _____

Yes _____ No _____

Today's date: _____ Your Signature: _____

Please indicate which age category applies to you (for statistical purposes only):
Under 19(); 20-29(); 30-39(); 40-49(); 50-59(); 60-69(); 70-79(); 80 plus()